

CITIBANK® GOVERNMENT PURCHASE OR TRAVEL CARD MAINTENANCE FORM

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input from the Cardholder.

SECTION I	<u>INSTRUCTIONS</u>
1. To change information for existing accounts: a. Complete section II with the type of request. *****Fill in only the applicable fields to be updated.***** b. Fill in the individual Government Card number : _____ c. Fill in the cardholder's name as it appears on his/her Government Card: _____ 2. Approved copy to be maintained in Agency/Organization Program Coordinators files. 3. Fax completed form to 605-330-6801 or mail to Citibank® Government Services, P.O. Box 6125, Sioux Falls, SD 57117-6125. 4. All changes will be completed within 3 business days unless requesting to move a centrally billed account from one billing site to another. This change will be made the next business day after the Agency/Organization's billing cycle.	

SECTION II (1)	<u>TYPE OF CARDHOLDER MAINTENANCE REQUEST</u> ("X" all applicable)		
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> A. Cardholder Information Change (Section III) <input type="checkbox"/> B. Hierarchy Change (Section IV) <input type="checkbox"/> C. MCC/Blocking Change (Section V) <input type="checkbox"/> D. Dollars per Cycle Limit Change (Section V) <input type="checkbox"/> E. Dollars per Transaction Limit Change (Section V) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> F. Cash Advance Limit Change (Section V) <input type="checkbox"/> G. Number of Transactions Limit Change (Section V) <input type="checkbox"/> H. Account Closure Reason _____ (Section VI) Other Changes: _____ </td> </tr> </table>		<input type="checkbox"/> A. Cardholder Information Change (Section III) <input type="checkbox"/> B. Hierarchy Change (Section IV) <input type="checkbox"/> C. MCC/Blocking Change (Section V) <input type="checkbox"/> D. Dollars per Cycle Limit Change (Section V) <input type="checkbox"/> E. Dollars per Transaction Limit Change (Section V)	<input type="checkbox"/> F. Cash Advance Limit Change (Section V) <input type="checkbox"/> G. Number of Transactions Limit Change (Section V) <input type="checkbox"/> H. Account Closure Reason _____ (Section VI) Other Changes: _____
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SECTION III	<u>CARDHOLDER INFORMATION</u> (Please Print)	
(2)		
*First Name of Cardholder	Middle Initial	Last Name (maximum 24 characters total)
(3)		
Agency/Organization Name (maximum 24 characters)		
(4)	(5)	
*4th Line Embossing (maximum 20 characters)	Social Security Number (Travel Card only)	
(6)	(6)	()
Home Mailing Street Address Line 1 (maximum 36 characters)	Home Phone Number	
(6)		
Home Mailing Street Address Line 2 (maximum 36 characters)		
(6)		
City	State	Zip Code
(7)		(7)
Business Mailing Street Address Line 1 (maximum 36 characters)		Country
(7)	(8)	Yes or No
Business Mailing Street Address Line 2 (maximum 36 characters)		City Pair Program (circle one)
(7)		
City	State	Zip Code
(9)		
E-mail Address		
(10)	(11)	
Fax Number	Discretionary Code 1 (maximum 12 characters)	
(11)	(11)	
Discretionary Code 2 (maximum 20 characters)		Discretionary Code 3 (maximum 15 characters)

SECTION IV	<u>REPORTING PARAMETERS</u>
(12) Current Reporting Hierarchy: _____	
(13) New Reporting Hierarchy: _____	
(14) Processing Unit #: _____ (maximum 5 characters)	
(14a) MAC/LOA/ASC: _____	

SECTION V (15)	<u>AUTHORIZATION PARAMETERS</u>
New Dollars per Cycle Limit: \$ _____ Convenience Checks (Purchase): Y _____ N _____ 2 Books _____ 6 Books _____ New Dollars per Transaction Limit: \$ _____ If eligible for Convenience Checks, maximum payment amount equals: \$ _____ New Number of Transactions per: Cycle: _____ Day: _____ ATM Access: Y _____ N _____ Access Limit: Daily \$ _____, Weekly \$ _____, Cycle \$ _____ New MCC Template Name: _____ Travellers Cheques (Travel): Y _____ N _____	

SECTION VI	<u>ACCOUNT CLOSURE INSTRUCTIONS</u>
1. A/OPC needs to advise cardholders to destroy their card(s). 2. A/OPC needs to advise cardholders to destroy any unused convenience checks. 3. A/OPC needs to state the reason account is being closed (i.e., Resigned, Terminated, Deceased, Retired, Duplicate Acct, Closed by Agency, Transferred to other Agency, Other).	

SECTION VII	<u>AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE</u>
(16) Approving Agency/Organization Program Coordinator's Signature _____ Date _____	

CB002 1/2 Final 7/10/03 *With revisions, a new card will automatically be sent. You must call Customer Service to have card activated.
 Numbers in parentheses correspond to numbers on guide sheet on next page.

GUIDE TO CITIBANK® GOVERNMENT PURCHASE OR TRAVEL CARD MAINTENANCE FORM

Form used to update information regarding purchase or travel cards.

Section I – Instructions

Section II – Type of Maintenance Request

1. **Type of Request:** Select all maintenance updates that apply.

Section III – Cardholder Information

2. **Cardholder Name:** Provide first name, middle initial and last name of cardholder (maximum 24 characters total).
3. **Agency/Organization Name:** Provide name of cardholder's agency/organization (maximum 24 characters).
4. **4th Line Embossing:** Indicate information to appear on 4th line of card (maximum 20 characters).
5. **Social Security Number:** Provide social security number of cardholder (for Travel Card only).
6. **Home Address and Phone Number:** Supply complete home address of cardholder, including street, apartment (if applicable), city, state, zip and country. Also provide home phone number of cardholder including area code.
7. **Business Address and Phone Number:** Provide complete business address of cardholder, including street, floor/suite, city, state, zip and country. Also provide business phone number of cardholder including area code.
8. **City Pair Program:** Indicate if this is a City Pair program by circling "yes" or "no."
9. **E-mail Address:** Provide complete e-mail address of cardholder.
10. **Fax Number:** Provide fax number of cardholder including area code.
11. **Discretionary Code 1-3:** Please provide appropriate discretionary codes where applicable.

Section IV – Reporting Parameters

12. **Current Reporting Hierarchy:** Please indicate cardholder's current reporting hierarchy.
13. **New Reporting Hierarchy:** Provide cardholder's new reporting hierarchy, if different.
14. **Processing Unit #:** Provide cardholder's five-digit billing site number Corp ID #.
- 14a. **Master Accounting Code (MAC)/Line of Accounting (LOA)/Accounting String Code (ASC):** Default accounting code or Line of Accounting string.

Section V – Authorization Parameters

15. **Authorization Parameters:** Please complete all information requested regarding parameters of card/cardholder privileges.

Section VI – Account Closure Instructions

Section VII – Agency/Organization Program Coordinator Signature:

16. **A/OPC Signature and Date:** Please provide authorized signature of agency/organization program coordinator and date that the document was submitted.